

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

DEC 17 1937

1. PLACE OF DEATH

County Henry
Township Bethlehem
City Clinton (No. 1)

Registration District No. 347
Primary Registration District No. 5489A

File No. 41380
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 11 R Clinton St., Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 59 7 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

13. NAME Jas A Reil

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

15. MAIDEN NAME Rebecca Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Mo

17. INFORMANT Mrs Wm Price (ADDRESS) Clinton Mo RR

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 11/28 37

19. UNDERTAKER Connell & Beck (ADDRESS) Clinton Mo

20. FILED Nov 27 1937 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1937, to 11-20, 1937

I last saw him alive on 11-19, 1937. Death is said

to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset 1-1-37
Sarcema Brand
46
Other contributory causes of importance: 7

Name of operation _____
What test confirmed diagnosis? Examination of fluid Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) W. S. Walker, M. D.
(Address) Clinton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

